

DODWORTH  
URBAN DISTRICT COUNCIL

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ANNUAL REPORT  
OF THE  
MEDICAL OFFICER  
FOR THE YEAR 1952

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U R B A N   D I S T R I C T   C O U N C I L

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DODWORTH URBAN DISTRICT COUNCIL

Divisional Health Office,  
The Gables,  
WOMBWELL.

September, 1953.

ANNUAL REPORT  
for the year ended 31st December, 1952.

To the Chairman and Members of the  
Dodworth Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1952. The Report has the same general outline as those for previous years and includes once again a survey of the health services for which the County Council is the administrative authority. A brief comment upon the hospital arrangements has also been included to complete the picture of the total health services available to the district.

The vital statistics are not so favourable as those for 1951 but, with one exception, the differences between the two are without statistical significance. The exception is the marked fall in the number of births, a fall so great that perhaps for the first, and I hope the last, time in the history of the Urban District the number of deaths during the year exceeded the number of births. There is no need for me to dwell on the significance of this statement for I hope and believe that such a situation will not recur. I have not the knowledge to be able to write with certainty on the cause or causes of this serious fall in the birth rate, but I do not think it can be denied that in some measure it must be a reflection on the housing shortage. There is not much material incentive for couples to marry and bring children into the world in a district where no Council houses have been built for five years. I do not infer that any blame attaches to the Council for the unfortunate housing situation, but I must point out its possible effect on the district. The vital statistics, in the continued low infantile mortality rate, do show at least that the babies born in Dodworth are successfully reared.

I would like to take the opportunity to thank the members of the Council for their support and continued interest in all matters relating to the health of the district, my divisional health staff for their willing assistance and your Sanitary Inspector, Mr. W. Murray, for his help since his appointment. He has prepared that part of the report dealing with the sanitary circumstances of the district.

I am,

Your obedient servant,

R. S. HYND

Medical Officer of Health.



DODWORTH URBAN DISTRICT COUNCIL

A N N U A L R E P O R T

FOR THE YEAR 1952.

Statistics and Social Conditions of the Area:

Area	...	...	...	...	...	...	1,857 acres.
Population (Census 1931)	...	...	...	...	...	...	4,245
Population (Census 1951)	...	...	...	...	...	...	4,262
Registrar General's estimate of resident population mid 1952	...	...	...	...	...	...	4,228
No. of inhabited houses 31st December 1952	...	...	...	...	...	...	1,136
Rateable value 31st December 1952	...	...	...	...	...	...	£14,511.
Nett product of a Penny Rate 1952/53	...	...	...	...	...	...	£54:15:9d.

Coal mining and agriculture are the principal occupations of the inhabitants of the district.

VITAL STATISTICS.

Live Births

	Males	Females	Total
Legitimate ... ..	23	19	42
Illegitimate ... ..	1	1	2
	---	---	---
Totals ... ..	24	20	44
	---	---	---

The number of live births registered showed a decrease of 30 from the previous year. Once again the Registrar General supplied a comparability factor for the births, a factor which relates the proportion of women of child-bearing age in the district with the proportion in a standard population. The crude birth rate multiplied by this factor gives an adjusted birth rate which is strictly comparable with similar adjusted birth rates in other districts and with the birth rate for the country as a whole. The adjusted birth rate for the district was 10.7 per 1,000 estimated population compared with 18.0 per 1,000 estimated population for the previous year and with 15.3 per 1,000 estimated population for England and Wales.

Still Births.

There were 4 stillbirths last year as compared with one in 1951. The stillbirth rate for the district was 0.95 per 1,000 estimated population which compares with 0.35 per 1,000 estimated population for England and Wales.





## Deaths.

The adjusted death rate, which is obtained by multiplying the crude death rate with the comparability factor, was 14.1 per 1,000 estimated population compared with 13.5 per 1,000 estimated population for the previous year and with 11.3 per 1,000 estimated population for England and Wales. There were 46 deaths among the inhabitants of your district last year as compared with 44 in 1951. 12 of the deaths occurred in hospital and 48% of all deaths were due to heart and circulatory diseases. Statistics relating to death rates and the causes and ages at death are given in tabular form at the end of the section on vital statistics.

## Infantile Mortality.

There was one infant death last year with an infantile mortality rate of 22.7 per 1,000 live births as compared with 27.6 per 1,000 live births for England and Wales. The increase in the mortality rate was, of course, entirely due to the marked fall in the number of births last year.

The table below shows some very interesting statistics for over the past six years the infantile mortality rates in your district have been well below those for England and Wales, a fact which may be stated with some pride as well as satisfaction. It is true that in districts where the annual number of births is small wide fluctuations in the infantile mortality rates may be inevitable and not necessarily a matter for concern. All infant deaths cannot be prevented for some are due to unknown causes and others to known causes which, with our present medical knowledge, cannot be controlled. It may be due to chance, therefore, that wide fluctuations in the infantile mortality rates have not occurred these last six years, chance in that we may, for example, have been particularly fortunate in escaping the congenital malformations with which some babies are born and which are so often incompatible with prolonged existence. But we would, I feel, be doing our people an injustice if we credited solely to chance the fine infantile mortality statistics of the last six years for though chance may indeed have played a part, good mothercraft and parenthood must have played at least an equal part. The mothers of Dodworth are, have been in the past, and I hope will always be in the future "clinic conscious" or indeed "clinic proud". They appreciate the clinic as an integral part of the village life with something to offer which they are glad to accept. So long as that spirit is maintained so long will the infant population continue to thrive and so long will we have little to fear from the vagaries of chance in our infantile mortality and morbidity statistics.

A Comparison of Infantile Death Rates  
of DODWORTH and ENGLAND and WALES for  
Years 1943 - 1952.

Year	Dodworth	England & Wales
1943	43	49
1944	56	46
1945	153	46
1946	60	43
1947	29	41
1948	25	34
1949	21	32
1950	13	30
1951	13.5	29.6
1952	22.7	27.6



### Deaths in Age Groups

				Male	Female	Total
Under 1 year	...	...	...	1	-	1
1 - 5 years	...	...	...	-	1	1
5 - 10 years	...	...	...	-	-	-
10 - 15 years	...	...	...	1	-	1
15 - 20 years	...	...	...	-	-	-
20 - 25 years	...	...	...	-	-	-
25 - 35 years	...	...	...	1	1	2
35 - 45 years	...	...	...	1	1	2
45 - 55 years	...	...	...	2	2	4
55 - 65 years	...	...	...	7	4	11
65 - 70 years	...	...	...	5	2	7
70 - 75 years	...	...	...	6	2	8
75 - 80 years	...	...	...	1	2	3
80 - 85 years	...	...	...	-	4	4
85 - 90 years	...	...	...	-	1	1
90 and over	...	...	...	-	1	1
				<hr/>	<hr/>	<hr/>
Total	...	...		25	21	46
				<hr/>	<hr/>	<hr/>

### Causes of Death in 1952.

Cause of Death				Male	Female
1. Tuberculosis, respiratory	...	...	...	-	-
2. Tuberculosis, other	...	...	...	-	-
3. Syphilitic Disease	...	...	...	-	-
4. Diphtheria	...	...	...	-	-
5. Whooping Cough	...	...	...	-	-
6. Meningococcal Infections	...	...	...	1	-
7. Acute Poliomyelitis	...	...	...	-	-
8. Measles	...	...	...	-	-
9. Other Infective and Parasitic Diseases	...	...	...	-	-
10. Malignant Neoplasm, stomach	...	...	...	3	1
11. Malignant Neoplasm, lung, bronchus	...	...	...	1	1
12. Malignant Neoplasm, breast	...	...	...	-	-
13. Malignant Neoplasm, uterus	...	...	...	-	-
14. Other malignant and lymphatic neoplasms	...	...	...	2	2
15. Leukaemia, Aleukaemia	...	...	...	-	-
16. Diabetes	...	...	...	1	-
17. Vascular Lesions of nervous system	...	...	...	1	2
18. Coronary disease, angina	...	...	...	8	2
19. Hypertension with heart disease	...	...	...	2	2
20. Other heart disease	...	...	...	1	5
21. Other circulatory disease	...	...	...	1	1
22. Influenza	...	...	...	-	-
23. Pneumonia	...	...	...	-	1
24. Bronchitis	...	...	...	1	-
25. Other diseases of respiratory system	...	...	...	-	-
26. Ulcer of stomach and duodenum	...	...	...	-	-
27. Gastritis, enteritis and diarrhoea	...	...	...	-	-
28. Nephritis and nephrosis	...	...	...	1	-
29. Hyperplasia of prostate	...	...	...	-	-
30. Pregnancy, childbirth, abortion	...	...	...	-	-
31. Congenital malformations	...	...	...	-	-
32. Other defined and ill-defined diseases	...	...	...	1	4
33. Motor Vehicle accidents	...	...	...	1	-
34. All other accidents	...	...	...	-	-
35. Suicide	...	...	...	-	-
36. Homicide and operations of war	...	...	...	-	-
				<hr/>	<hr/>
All causes	...	...	...	25	21
				<hr/>	<hr/>



Total of Births and Deaths in Dodworth  
for the Years 1943 to 1952

Year	No. of Births	No. of Deaths
1943	92	39
1944	89	36
1945	78	52
1946	100	38
1947	104	38
1948	79	31
1949	94	36
1950	75	35
1951	74	44
1952	44	46

PRINCIPAL VITAL STATISTICS FOR THE  
YEAR 1952

Based on the Registrar General's Figures.

	Dodworth Urban District	Aggregate W.Riding Urban Districts	West Riding Admin. County	England and Wales (prov'nal) figures
Birth rate per 1,000 estimated population				
Crude ... ..	10.4	15.3	15.4	15.3
Adjusted ... ..	10.7	15.4	15.7	-
Death rate per 1,000 estimated population				
Crude ... ..	10.9	12.1	11.5	11.3
Adjusted ... ..	14.1	12.3	12.0	-
Infective and parasitic diseases excluding tuberculosis but including venereal diseases ... ..	0.24	0.07	0.07	not available
Tuberculosis, respiratory	-	0.17	0.16	0.21
Tuberculosis, other	-	0.03	0.03	0.03
Tuberculosis, all forms	-	0.20	0.19	0.24
Cancer ... ..	2.37	2.02	1.92	1.99
Vascular lesions of the nervous system ...	0.71	1.88	1.74	not available
Heart and circulatory diseases ... ..	5.20	4.66	4.35	-do-
Respiratory diseases	0.47	1.21	1.15	-do-
Maternal mortality	-	0.88	0.80	0.72
Infant Mortality...	22.7	30.1	30.0	27.6
Still Births ...	83.3	25.1	24.6	22.6





Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1952. Provisional figures based on Quarterly Returns.

	Dodworth U. D.	England and Wales	160 County Boroughs & Great Towns (including London)	160 Smaller Towns (Res. pop.25,000 - 50,000 at 1951 Census)	London admini- strative County
Rates per 1,000 Home Population					
Births:					
Live Births	10.7	15.3	16.9	15.5	17.6
Still Births	0.95	0.35	0.43	0.36	0.34
Deaths:					
All Causes	14.1	11.3	12.1	11.2	12.6
Typhoid and Para- typhoid	-	0.00	0.00	0.00	-
Whooping Cough	-	0.00	0.00	0.00	0.00
Diphtheria	-	0.00	0.00	0.00	0.00
Tuberculosis	-	0.24	0.28	0.22	0.31
Influenza	-	0.04	0.04	0.04	0.05
Smallpox	-	0.00	-	-	-
Acute Poliomyelitis (including Polio- encephalitis)	-	0.01	0.01	0.00	0.01
Pneumonia	0.24	0.47	0.52	0.43	0.58
Notifications (corrected):					
Typhoid Fever	-	0.00	0.00	0.00	0.00
Paratyphoid Fever	-	0.02	0.02	0.03	0.01
Meningococcal Infection	0.24	0.03	0.03	0.03	0.02
Scarlet Fever	-	1.53	1.75	1.58	1.56
Whooping Cough	2.37	2.61	2.74	2.57	1.66
Diphtheria	-	0.01	0.01	0.03	0.01
Erysipelas	-	0.14	0.15	0.12	0.14
Smallpox	-	0.00	0.00	0.00	-
Measles	13.95	8.86	10.11	8.49	9.23
Pneumonia	0.24	0.72	0.80	0.62	0.57
Acute Poliomyelitis (including Polio- encephalitis)					
Paralytic	0.24	0.06	0.06	0.06	0.06
Non-paralytic	-	0.03	0.03	0.02	0.03
Food Poisoning	-	0.13	0.16	0.11	0.18
Deaths:					
Rates per 1,000 Live Births					
All causes under 1 year of age	22.7	27.6	31.2	25.8	23.8
Enteritis and diarrhoea under 2 years of age	-	1.1	1.3	0.5	0.7
Notifications (corrected):					
Rates per 1,000 Total (Live & Still) Births					
Puerperal Fever and Pyrexia	-	17.87	23.94	10.22	30.77





# Maternal Mortality in England and Wales.

Intermediate List Number and Cause	No. of Deaths	Rates per 1,000 Total (Live and Still) Births	Rates per million women aged 15 - 44
A115 Sepsis of pregnancy, childbirth and the puerperium	61	0.09	
(Abortion with toxæmia	13	0.02	1
A116 { Other toxæmias of { pregnancy and the { puerperium	147	0.21	
A117 Haemorrhage of pregnancy and child- birth	59	0.09	
A118 Abortion without mention of sepsis or toxæmia	31	0.04	3
A119 Abortion with sepsis	47	0.07	5
A120 Other complications of pregnancy child- birth and the puerperium	138	0.20	

## GENERAL PROVISION OF THE HEALTH SERVICES IN THE AREA.

The provision of residential accommodation for the aged and infirm and for those in need of care and attention rests with the County Council. Requests for such accommodation are never numerous for old people prefer to spend the remaining years of life in their own homes no matter how difficult their domestic circumstances. It speaks well for the comfort and amenities of the present day hostels and for the homely atmosphere which the staff try to create that those old people who decide to accept hostel accommodation very seldom, if ever, wish to return to their former homes. Hostels certainly do not meet all the problems of the aged and perhaps are only acceptable to a few, but to those few they render good service indeed. I am glad to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act 1946.

As in previous years, I make brief comment on the hospital services for the district. The hospital needs of the acute sick and of maternity patients, both as regards in-patient and out-patient treatment, were, as usual, well provided for by the Sheffield and Barnsley hospitals. The arrangements for hospital treatment for those suffering from infectious diseases were excellent and the admission rate for patients on the waiting list for sanatorium treatment showed further improvement. There was marked improvement in the hospital facilities for the chronic sick and it was noticeable that as the year progressed fewer and fewer cases were brought to my notice where it was felt by the family doctor that there was an undue delay in obtaining a bed. The position as regards the hospital accommodation for the mentally defective person unfortunately showed no material change and remained most unsatisfactory. Hospital vacancies for such patients are not required solely for the long-term case but are equally necessary for short-term cases. The care of a severely mentally defective child imposes a great strain on a family and often if the family is to have a summer holiday institutional accommodation for the child must be found for such children are often not acceptable in holiday resort lodgings. Again when the mother falls ill short-term accommodation for the defective child becomes imperative. While the local



health authority try, it is very difficult to get suitable accommodation with another family for a mentally defective child even for a short period, for the care of such children is often an arduous 24 hours a day job. The solution lies in additional hospital beds with adequate arrangements for the short-term as well as the long-term patient, a solution which I regret to say seems almost as far off as ever.

The arrangements for the training of mentally defective children was improved by the agreement with the Barnsley County Borough to admit these children to the Barnsley Occupation Centre. Many such children were admitted last year with benefit to both the child and the family, but it remains to be seen whether this joint arrangement will meet completely the needs of the division.

### General Hospitals

The general hospitals serving your district and administered through the Sheffield Regional Hospital Board are given below:

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.
4. The Moorgate General Hospital, Rotherham.

### Infectious Diseases Hospitals

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous years, the hospital retaining its own ambulances for this service.

### Maternity Hospitals

Maternity cases were usually admitted to the following hospitals:

The St. Helen Hospital, Barnsley  
Montagu Hospital, Mexborough  
Hallamshire Maternity Home, Chapeltown  
Pinder Oaks Maternity Home, Barnsley

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.

### Tuberculosis Scheme

The close link between the Chest Centre and the Health Department was maintained throughout the year. The Tuberculosis Visitor was again the main co-ordinating link for through her work at the Chest Centre she learned of the clinical problems of the patient and by her visits to the home was able to relate them with the problem of prevention peculiar to the family. The checking of contacts and search for the source of infection, ever a difficult and arduous task, went on while the patient received treatment, and advice was given to the family on the measures to be taken to prevent the spread of infection. In this way the disease and the patient were considered together and an even balance was struck between cure and prevention to the detriment of neither.

After-care arrangements included extra-nourishment, where recommended by the Chest Physician, in the form of free milk allowance and bed, bedding and other equipment were loaned to patients where necessary to help in the preventive measures in the home.





The programme of the clinics held at the Chest Centre, 46 Church Street, Barnsley, is given below:-

Tuesday	10.0 a.m. to 12 noon (Children)
Wednesday	10.0 a.m. to 12 noon
Wednesday	2.0 p.m. to 4.0 p.m.
Thursday	10.0 a.m. to 12 noon
Friday	10.0 a.m. to 12 noon

### Venereal Diseases

The nearest centre for Dodworth patients for the diagnosis and treatment of these diseases is in Barnsley.

Address: Special Treatment Centre, Queen's Road, Barnsley.

Other centres are situate at Sheffield, Doncaster and Rotherham and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

### Ambulance Service

The general public now takes the provision of an efficient ambulance service for granted, a compliment, if somewhat indirect, to the personnel and the organisation of the service. Certainly in 1952 all the demands on the service were more than adequately met, even though there was a slight increase in the ambulance traffic. The stretcher case figure was relatively unchanged from 1951 but the out-patient traffic again showed a slight increase. The establishment for ambulance personnel was increased to ensure a complete 24 hours coverage for the whole of the County, otherwise there was no change in policy or organisation.

While the size of the out-patient traffic continued to cause some concern there was an improvement in another direction which it is very pleasant for me to record. In my annual report for 1951 I made comment on the number of escorts accompanying patients to out-patient departments and pointed out the harmful effect this practice had on the efficiency of the service and the longer waiting time at hospital it caused to the patient before his return journey home could be made. It is, therefore, very pleasant for me to be able to state that in 1952 there was a material reduction in the number of escorts, a reduction which in no small measure helped the ambulance service to meet its demands. This is a good example of more considerate use of a public service and one which deserves acknowledgement.

### Home Nursing

The growth of the divisional home nursing service since its inception as a County Council service four years ago has been quite exceptional. Last year the home visits made by the nurses totalled 25,000 in the division, roughly three times as many as were made annually in the past by the various district nursing services covering the same area. That this remarkable expansion of home nursing has been achieved with only a small increase in the nursing staff reflects, not only credit on the nurses and their ready willingness to serve the sick, but also proves the value of a properly co-ordinated service, constituted as it is on a divisional basis rather than on the basis of individual districts. The home nursing service must be a divisional rather than a district service with the nurses helping each other as members of a team and with all



prepared to help where the need is greatest irrespective of any arbitrary boundaries of each nurse's working area. It is well to remember this point for it has a very definite bearing on the efficiency and well-being of the service.

But as I said in my last annual report there is a limit to the case load which each individual nurse can carry or can be expected to carry, a limit which I think has now been reached. It is hoped that this year additional home nurses will be authorised and recruited but recruitment is far more difficult than authorisation dependent so often as it is these days on the provision of suitable living accommodation.

Throughout the year the service continued to be of real assistance to the hospitals and to the family doctors, relieving both of much routine work. Because of adequate home nursing arrangements many patients were saved from the need of admission to hospital and many more were returned home from hospital to family life quicker than would otherwise have been possible. Injection therapy last year played a larger part in the work of the nurses than ever before which not only helped the family doctor materially in saving him valuable time but also showed the ever increasing professional liaison between him and the nurse. This increasing confidence and understanding between the family doctor and the home nurse is ample proof, if proof be needed, of the continued success of the service, a success which is felt most of all by the person for whom the service was created, the patient.

#### Home Helps.

The authorised establishment of home helps for the division remained unchanged throughout 1952 though additional assistance had to be sought to meet the increased demands in the later months of the year. The establishment was permanently increased as from 1st January 1953, from 13 whole-time workers or their equivalent in part-time workers to 17.

The aims and organisation of the service were unaltered and as in previous years the greatest need for assistance was found among the aged group of the population who received, in total, over three-quarters of the available assistance. By following the principle of giving the minimum help to the maximum number all applicants got some household assistance even though it may not have been the optimum amount.

There is no doubt that the home help service has been a great boon to the people and particularly to the aged by helping them to overcome the difficulties of household management which inevitably increases with sickness and advancing years. But the service has its limitations and indeed if the service is to succeed as a welfare service it will need the unstinted voluntary co-operation from the healthy members of the community. The existing service is no substitute for either hospital nursing or hostel accommodation for it cannot provide a 24 hours service for those people requiring constant care and attention. It does not provide relief for relatives who have to sit up all night with seriously ill dependants nor can it be expected to provide for those households who because of illness or grave domestic difficulties require a full-time housekeeper. The aged, with their increasing infirmities and immobility, require many attentions which the service is not wholly able to give; shopping and running errands, collection of pensions, help at bed-time and with meals. The scope for voluntary assistance to aged people has not lessened because of the home help scheme nor will it lessen in the future and a helping hand to the aged will always be welcome and appreciated. It is a sound maxim that a shillingsworth of help is worth a pound of advice, the recognition of which is often the hallmark of a good neighbour.





## Laboratory Service.

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

## Maternity and Child Welfare Service.

The Maternity and Child Welfare services are the responsibility of the County Council as the local health authority. Child Welfare clinics are held weekly at the Mechanics' Institute on Tuesdays from 2.0 p.m. until 4.0 p.m. During the year 49 sessions were held at which there was an attendance of 2,105 children, an average of 42.9 per session. 55 children were seen for the first time all of whom were under one year of age. 779 children were examined by the doctor during the year, an average of 16.2 per session.

As was to be expected from the greatly reduced number of births last year the clinic attendances were smaller than in 1951, but even so the attendance rate remained good and the clinic seemed to have lost none of its popularity among the mothers. The importance of the medical aspect of the clinic has often been stressed and, I think, is widely accepted but the popularity of the clinic is not wholly built upon its medical strength. Much of the happy atmosphere in the clinic is created by the work of the small band of voluntary helpers who help in the organisation and provide the small, but welcome, social amenities. Many of these ladies have done this Voluntary work for years and if the success of the clinic can be measured in terms of its popularity then a large part of its success is due to their efforts.

There was one notable addition to the ante-natal services when towards the end of the year an ante-natal exercises clinic was begun. While the over-riding consideration in midwifery must be the safety of mother and baby it is possible to remove from labour some of its "sting" and generally make confinements easier. For over two years the midwives in the division have used the modern pain-relieving drugs in their work and have been trained in the administration of Gas/Air Analgesia. The introduction of the ante-natal exercises clinic, which is entirely run by the midwife, is but a further step in the same direction and has already proved its value and achieved popularity and success.

## SANITARY CIRCUMSTANCES OF THE AREA

### Housing.

Only one house was built last year and that by private enterprise. No comment will be made upon the housing situation for I believe the circumstances of the present housing deadlock are well known to all the Dodworth residents, and to offer comments which do not contain constructive proposals would serve no useful purpose and might be more of a hindrance than a help.

### Water Supplies.

The water supply for the district, which is chlorinated, is obtained from the Barnsley Corporation. The water, which was



analysed at regular intervals, was satisfactory both in quality and quantity. All houses in the district received the piped supply except one which is supplied from a satisfactory well.

## INFECTIOUS DISEASES

During the year 79 notifications of infectious diseases were received as compared with 14 in the previous year. The increase was in the main due to a small epidemic of Measles in the last quarter of the year.

### Notifiable Diseases (Other than Tuberculosis) during 1952.

	Total Cases Notified	Admitted to Hospital	Deaths
Measles... ..	59	1	-
Whooping Cough ...	10	-	-
Pneumonia ... ..	1	-	1
Acute Poliomyelitis:			
(a) Paralytic ...	1	1	-
(b) Non-Paralytic ...	-	-	-
Meningococcal Infection	1	1	1
	<hr/>	<hr/>	<hr/>
Total ...	72	3	2
	<hr/>	<hr/>	<hr/>

#### Measles.

There was a small, sharp epidemic of Measles in the last quarter of the year. In general the disease was mild and uncomplicated and left no serious after-effects.

#### Whooping Cough.

Ten cases of Whooping Cough were notified last year as compared with only one case in 1951. Whooping Cough and Measles are the two most common diseases affecting young children, but there are two most important points of difference which make Whooping Cough the more serious disease. Firstly, Whooping Cough attacks babies under one year of age whereas Measles usually does not and secondly the incidence of pulmonary complications is higher in Whooping Cough. These differences make Whooping Cough the more dangerous disease and in fact only in Poliomyelitis of the common communicable diseases is the risk of permanent sequelae greater.

Immunisation against the disease, which is undertaken at the age of four months onwards, was made available at the welfare clinics in April and the response by parents, though as yet small, has been steady. No greater claim is made for the vaccine than that it should prove efficacious in the majority of cases and research still continues in manufacturing a vaccine as potent as the one against Diphtheria. The number of children immunised at the clinic against Whooping Cough is as yet too small to be able to form a definite conclusion as to its value, but it is encouraging to note that none of the children immunised so far have contracted the disease.





## Smallpox and Diphtheria Prophylaxis.

It is very pleasant to be able to write about the prevention of disease without, at the same time, having to admit that the disease in question exacted its toll among the child population during the year. It is now eight years since a case of diphtheria was reported in the district and indeed I have no record of when the last case of Smallpox occurred. Both diseases, however, remain a public health problem despite the fact that the means of prevention are within the easy grasp of all. Primary vaccination against smallpox is not perhaps without complications or ill-effects in adults and that is why it is so important to accept vaccination in infancy when constitutional disturbances through vaccination are either absent or extremely mild. Last year nearly 60% of infants under one year of age were vaccinated, a very commendable percentage when compared with other urban districts but one upon which Dodworth, at least, with its "clinic conscious" population can improve.

The immunisation statistics for diphtheria are on the whole good but again there is room for improvement in the lower age group. By the end of the year 78.7% of all children between the ages of 0-14 years were immunised with 47.1% of children under the age of 5 years and 95.1% over that age protected. Though the figures for the younger age group showed a 5% improvement on the previous year it is still too low for absolute safety. Each year many children are immunised for the first time when they enter school and it is difficult to see, with all the facilities which are so easily available, why parents have not had them immunised before. The younger the child, often the more serious is the disease and though diphtheria immunisation is not compulsory it should be a "must" to all thinking and responsible parents.

## Tuberculosis.

Six new cases of Pulmonary Tuberculosis and one new case of Non-Pulmonary Tuberculosis were notified last year. There was no death from Tuberculosis in any of its forms.

The outlook for the future in the fight against Tuberculosis as judged by the national rather than the local statistics, is distinctly encouraging. Cases are coming to light in the early stages of the disease and the mortality rate is declining steadily but there is much yet to be done before the menace to the nation's health caused by Tuberculosis is removed. The task of prevention was tackled from every angle last year in your district and more and more contacts of the disease accepted a full examination as a wise precautionary measure. More progress was made in the protection of susceptible child contacts of cases of open Pulmonary Tuberculosis with B.C.G. vaccine, but it will still be some years before the full effect of this measure will be seen.

### TUBERCULOSIS - New Cases and Mortality in 1952.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0 - 1 year ...	-	-	-	-	-	-	-	-
1 - 5 years ...	-	1	-	-	-	-	-	-
5 - 10 years ...	-	1	-	-	-	-	-	-
10 - 15 years ...	-	-	-	-	-	-	-	-
15 - 20 years ...	1	1	-	-	-	-	-	-
20 - 25 years ...	-	-	1	-	-	-	-	-
25 - 35 years ...	-	-	-	-	-	-	-	-
35 - 45 years ...	-	-	-	-	-	-	-	-
45 - 55 years ...	1	1	-	-	-	-	-	-
55 - 65 years ...	-	-	-	-	-	-	-	-
Over 65 years ...	-	-	-	-	-	-	-	-
Totals ...	2	4	1	-	-	-	-	-



TUBERCULOSIS - New Cases and Mortality for  
the past ten years.

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1943	...	...	2	2
1944	...	...	2	-
1945	...	...	1	-
1946	...	...	1	2
1947	...	...	1	2
1948	...	...	-	-
1949	...	...	9	2
1950	...	...	3	-
1951	...	...	5	-
1952	...	...	6	1

TUBERCULOSIS - Record of Cases during 1952.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on register at 1st January, 1952	...	...	...	...
No. of cases notified for first time during year	...	...	...	...
No. of cases restored to register	...	...	...	...
No. of cases added to register otherwise than by notification	...	...	...	...
No. removed to other districts	...	...	...	...
No. cured or otherwise removed from register	...	...	...	...
No. died from disease	...	...	...	...
Total at end of 1952	...	...	...	...





Annual Report of the Sanitary Inspector  
for the year ending 31st December 1952.

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To the Chairman and Members of the  
Dodworth Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present my first Annual Report on the sanitary circumstances of the district for the year 1952, and wish to thank the members of the Council, the Medical Officer of Health, the Clerk to the Council, the Chief Clerk and other members of the Council Staff for their whole-hearted support during the difficult period that was experienced from the 1st September, when I took up my appointment, to the end of the year.

From an Inspector's point of view this has been a very poor year. Mr. Hawley left to take up his appointment with the Bakewell Urban District Council on the 20th July 1952, leaving the district without a Sanitary Inspector until the 1st September.

In addition, after commencing my duties as Sanitary Inspector the difficulties in connection with the South Road Extension Scheme No. 1 arose and much time had to be spent carrying out inspections and various other duties in connection with this scheme, consequently the work of the Sanitary Inspector was severely retarded.

Housing.

Owing to the difficulties mentioned previously no new houses were completed by the Council during the year. Only one house was erected by private enterprise.

By mutual agreement between the owner and myself one private house was closed during the year owing to the dangerous structure and the tenant was re-housed by the owner.

Housing Statistics.

1. Inspection of dwellinghouses during the year.
  - (1)(a) Total number of houses inspected for housing defects (under Public Health or Housing Acts) 167
  - (b) Number of inspections made for the purpose 224
  - (2)(a) Number of dwellinghouses inspected under Housing Consolidated Regulations -
  - (b) Number of inspections made for the purpose -
  - (3) Number of dwellinghouses needing further action:-
    - (a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation 6
    - (b) Number found not to be in all respects fit for human habitation 130



2. Remedy of defects during the year without service of formal notices.

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers

130

3. Action under Statutory Powers during the year.

- (a) Proceedings under Section 9, 10 and 16, Housing Act, 1936.

Nil

- (b) Proceedings under the Public Health Acts.

- (i) Number of dwellinghouses in respect of which Statutory Notices were served requiring defects to be remedied

3

- (ii) Number of dwellinghouses in which defects were remedied after service of formal notice

- (a) By Owners

-

- (b) By Local Authority in default of owners

3

- (c) Proceedings under Sections 11, 12 and 13, Housing Act, 1936.

Nil

#### Public Cleansing.

The collection of household refuse was maintained throughout the year by direct labour at a cost of £4,542. for collection and disposal.

The system whereby Vehicle Maintenance was carried out by the driver at the weekends has once again proved very satisfactory and no time was lost during the year for mechanical defects of the vehicle.

It is regretted that during the year the sale of waste paper was seriously affected by the fall in price and it was found necessary to discontinue the practice of a separate waste paper collection.

The amount obtained from salvage during the year was only £16. 16s. Od., this includes money received for the sale of scrap iron, tins and other articles of salvage in addition to waste paper.

Extra work is being created for the Public Cleansing staff by:-

- (a) The large amount of coal shale delivered with the Miners' home coal and

- (b) The large amount of garden refuse being placed in dustbins.

In relation to (b) above, it appears that the burning of privet and rose cuttings for use as a fertilizer on the gardens has ceased, consequently, we now find such garden refuse in the dustbins. Not only do the workmen scratch their hands and arms badly when loading the vehicle but owing to the fact that this material will not consolidate in the tip it has to be removed and burnt, thus causing extra work on the refuse tip.



Another nuisance very common is wet refuse, i.e. tea leaves and old wallpaper etc. The effect of this type of refuse is to make the ashes stick to the side of the dustbin, the dustbin begins to smell and is effected by corrosion on the inside.

Misuse of dustbins and the refuse collection service in this way may be due to the ignorance on the part of the General Public, who are of the opinion that a dustbin is provided for all kinds of refuse whether wet or dry and there is no need to burn refuse before putting it in the dustbin.

From a sanitation point of view this is a fallacy and in order to minimize nuisances from the Council's refuse tip everything should be burnt before being placed in the dustbin.

#### Public Conveniences.

The public conveniences in the district were inspected from time to time throughout the year, and though every attempt was made to keep them in a clean and wholesome condition they were subject to much abuse by the General Public.

#### Rodent Control.

Very few complaints are received regarding the infestation of premises within the district by rats. This is due in my opinion not to the fact that the district is comparatively free from trouble of this kind, but that people do not take the trouble to report rats when they see them.

The only large infestation of rats dealt with during the year was on the refuse tip in the Strafford Colliery Yard where a number of rats were seen prior to the treatment carried out by the Council. Since this treatment was carried out further tests have proved the area to be comparatively free from rats.

#### Rodent Control Statistics.

Total number of properties inspected during year.

	Local Authority	Dwelling Houses	Agri- cultural	Other Premises	Total
As a result of:-					
(a) Notification	Nil	5	Nil	Nil	5
(b) Otherwise	6	120	Nil	31	157

Number of properties  
found to be infested  
by:-

(a) Rats	3	5	Nil	Nil	8
(b) Mice	Nil	Nil	Nil	Nil	Nil

Number of properties  
treated by Local  
Authority

3	5	Nil	Nil	8
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It was not found necessary to serve notices under the Prevention of Damage by Pests Act during the year.





## Colliery Spoil Bank.

The Old Silkstone Colliery Spoil Bank has been kept under observation during the year by the Inspector of Alkali, Mr. G. Tiplady, and myself. On three occasions nuisance has been caused by fumes emitted, especially on the Higham Lane side of the Spoil Bank. In each case this has been found to be due to neglect on the part of the workmen employed by the National Coal Board and I am pleased to report that Mr. Riley, the engineer in charge, has co-operated fully and has had the nuisance abated immediately he has been notified.

## Moveable Dwellings.

There have been three moveable dwellings stationed in the District during the year and no nuisances were caused by them.

## Verminous Premises.

There have been no treatments carried out during the year for vermin at any premises in the district.

## Milk.

At the end of the year there were three distributors, seven producer retailers, and three retailers from another district selling milk in the Dodworth Urban District.

The following licences were granted under the Milk (Special Designations)(Raw Milk) Regulations 1949 and the Milk (Special Designations)(Pasteurised and Sterilised) Regulations 1949:-

Pasteurised	3
Sterilised	1
Tuberculin Tested	3

## Meat Inspections.

All butchers' meat sold in the district is slaughtered and inspected at the Public Abattoir in Barnsley.

The vehicles used for the delivery of meat to the various shops in the district have been inspected from time to time and have given no cause for complaint.

During the period prior to Christmas, 9 pigs were inspected at the slaughterhouse in High Street. This, in my opinion, represents only a small percentage of the pigs slaughtered for human consumption in the district. It is disappointing that persons having their pigs slaughtered for human consumption do not take advantage of the facilities available for the post mortem examination to be carried out to ensure that the pig is free from disease and in all respects fit for human consumption.

Notices were handed to the Food Office in Barnsley for issue with the licences to slaughter, drawing the owners' attention to these facilities. I regret that this did not have the desired effect of increasing the number of requests for inspection to be made.





There were no requests during the year from shop keepers for the condemnation of food delivered to their premises for sale. It would appear that the method in operation in this district is for the shop keeper to report all doubtful foods to his supplier who replaces them without a certificate of condemnation.

#### Closet Accommodation.

The present position is as follows:-

No. of Water Closets	1,137
No. of Waste Water Closets	19
No. of Covered Middens	22
No. of Pail Closets	3

#### Factories Act.

	Number on Register	Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	-	-	-	-
Factories not included in (i) in which Section 7 is enforced by the Local Authorities	4	54	-	-
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises).	-	-	-	-
TOTAL	4	54	-	-

There were no Statutory Notices served under the Factories Act during the year.

I am, Gentlemen,

Your obedient servant,

W. MURRAY.

Sanitary Inspector.





